

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10575456

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		1		1		
5						
6						
7						
8		3		3		
9		0		0		
10	1		1			
11		1		1		
12						
13		1		1		
14	1		1			
15						
16						
17						
18						
19						
20						
21						
22		8		8		
23		0		0		
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←	52	←		←	
TOTAL CLAIMS		35				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						